

FY 2011 Annual Report

Important Dates

- **December 1, 2010:** Required forms will be available at bhpr.hrsa.gov/childrenshospitalgme
- **February 4, 2011:** Your complete Annual Report is due, required by Public Law 109-307,

FY 2011 Annual Report

The report is the same as the FY 2010 Annual Report. The data to be reported by your hospital is for the 2009-2010 academic year. For comparison purposes, some information from 2008-2009 will be required to complete HRSA forms 100-1, 100-2, 100-3. The HRSA forms 100-4 and 100-5 contain an annual report checklist to ensure a complete package and a certification form that must be signed by the same person who signs the HRSA 99-3 in the CHGME Payment Program application for funds.

Specific instructions and examples for completing the Annual Report forms are provided in the FY 2011 Annual Report Guidance.

About the CHGME Annual Report

The Annual Report is required by the Children's Hospital GME Support Reauthorization Act of 2006 (Public Law 109-307), which extends authorization for the program for five more years and requires that participating hospitals report annually, as an addendum to their annual application for CHGME Payment Program funding, the following data:

1. Types of residency training programs, such as general pediatrics, internal medicine/pediatrics, and pediatric subspecialties including both certified medical and non-medical subspecialties
2. Number of training positions for residents, as well as the number recruited for and filled; the number of such positions recruited to fill, and the number of positions filled
3. Types of training provided for residents related to the health care needs of different populations, such as children underserved for reasons of family income or geographic location;
4. Changes in residency training and resultant benefits, including changes in curricula, training experiences, and types of training programs and changes for the purpose of training residents in the measurement, improvement, quality and safety of patient care, and



Children's Hospitals Graduate Medical Education Payment Program

5. Numbers of residents (disaggregated by specialty and subspecialty) who completed training in the academic year and care for children within the borders of the service area of the hospital or within the borders of the State in which the hospital is located.

The CHGME Payment Program is fully aware of the additional time and effort associated with this statutory requirement and has made every effort to minimize the burden placed on participating hospitals while complying with the requirement.

If you have questions or need additional clarifications contact your Regional Manager or the following:

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